SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addresser B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: SHERRIE CHRISTENSEN MORGAN COUNTY PLANNING 48 W YOUNG ST MORGAN UT 84050	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No No
	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
EB 3-1-11 m1029/0009	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	10 0001 4203 1843
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154	

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City, State, 2
PS Form 3800, August 2006

See Reverse for Instructions